

HOME-STAY ACCOMMODATION APPLICATION FORM - FELLOWSHIP

Name of applicant (first, last, Middle) _____ Male ___ Female ___

Date of Birth (mm/dd/yy) ____/____/____ ID/Passport # _____

Place issued: _____ Date issued: _____ Expiration Date _____

Home Address:

Street _____ Appt # _____ City _____ State _____ Zip code _____ Country _____

Telephone (Home) _____ (Mobile) _____ work _____ Email _____

Emergency Contact:

Name _____ Title (mr/mrs/ms/dr/rev) Relationship _____

Address

Street _____ Appt # _____ City _____ State _____ Zip code _____ Country _____

Telephone (Home) _____ (Cell) _____ Email _____

Accommodation Charges: category:

Unit 1 = \$4.00 per day per person for stay of 100days and above

Unit 2 = \$5.00 per day per person for stay of 8-99 days

Unit 3 = \$8.00 per day per person for stay of 1-7days

Duration of Stay

Arrival date ____/____/____ Departure date ____/____/____

Amount to be paid: _____

Form of payment:

◇Wire Transfer: Wire funds to:

Bank Account #: 37310790201-69; Bank Account Name: Grounded and Holistic Approach for People's Empowerment(GHAPE); Bank Name: Amity Bank Cameroon (PLC); Bank Address: North West Region Bamenda; Bank Swift Code: AMITCMCX; Correspondent in USD: CITIBANK, 111 Wall street No 10043 NY; ABA: 0210000089; Swift: CITI US 33

I have read, understood and agreed to the Fellowship Home-stay Guidelines. To the best of my knowledge the information provided on this form is true and correct.

Submit/Signature